



MEDICAL & DENTAL PLAN OVERVIEW

Plan Year July 1, 2012 – June 30, 2013

Town of Gilbert Medical Plan Administered by MMSI (www.mmsiwellness.com)

	Single	Family
Total Premium	\$441.12/month	\$1,252.42/month
Employee Contribution: FT EE's and Council	\$88.22/month \$44.11 biweekly	\$250.48/month \$125.24 biweekly
Employee Contribution: PT Class Code B	\$176.44/month \$88.22 biweekly	\$500.96/month \$250.48 biweekly

Plan Type	Self Funded Exclusive Provider Organization (EPO) utilizing the <i>Blue Cross Blue Shield AZ</i> PPO Physician Network (www.bcbsaz.com)
Dependent Eligibility	Spouse; Dependent children to age 26; 25 year olds and married children are <u>only</u> eligible if not eligible for health plan through another employer plan
Primary Care Office Visit	\$20 copay (\$10 for children under age 14)
Specialist Office Visit	\$35 copay
Urgent Care	\$35 copay
Emergency Room	\$150 copay
Prescription Drugs	\$10 copay (generic), \$25 copay (brand name) \$50 copay (non- formulary)
Optical Services Eye Exams/Contact Lens Fitting Eyewear/Contact Lenses	\$10 copay; limit 1 exam per year Discounts on purchase of eye glasses at LensCrafters
Inpatient Hospital	\$300 copay per admission (non-emergency)
Skilled Nursing	No Charge (60 day max)
Outpatient Hospital	\$150 copay
Ambulance	No copay
Durable Medical Equipment/Prosthetics	No copay

Delta Dental of Arizona www.deltadentalaz.com

	Single	Family
Total Premium	\$37.02/month	\$104.82/month
Employee Contribution: FT EE's and Council	\$7.40/month \$3.70 biweekly	\$20.96/month \$10.48 biweekly
Employee Contribution: PT Class Code B	\$14.80/month \$7.40 biweekly	\$41.92/month \$20.96 biweekly

Plan Type	Self Funded Indemnity Plan
Dependent Eligibility	Spouse; Unmarried dependent children to age 25
Routine Services <i>Exams</i> <i>Cleanings</i>	No charge
*Basic Services <i>Fillings</i> <i>Routine Extractions</i> <i>Endodontics</i> <i>Periodontics</i> <i>Emergency Treatment</i>	20% copay
*Major Services <i>Bridges</i> <i>Crowns</i>	40% copay
*Annual Deductible	\$50 per individual (Basic & Major Services)
Annual Maximum Benefit	\$1,500 per individual (per calendar year)
Orthodontics	50% benefit; \$1,000 lifetime maximum per member

The above information is intended to be a brief overview of benefits only. Please refer to the Summary Benefit Description for more detail.